

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045066

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 304 Primary Registration District No. 4452 Registrar's No. 28

FILED DEC 9 1963

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wentzville</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>680 Oakwood</b>	
3. NAME OF DECEASED (Type or print) <b>James R. Gorsuch</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>21</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>12-7-1922</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Roadway Express</b>	
11. BIRTHPLACE (City and state or country) <b>Chester Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harry Gorsuch</b>		13b. MOTHER'S MAIDEN NAME <b>Berd Williamson</b>	
14. NAME OF HUSBAND OR WIFE <b>Virginia Wollbrinck</b>		Address <b>Above</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. # 2</b>		17. INFORMANT <b>Virginia Wollbrinck</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>crushed skull</b> DUE TO (b) <b>ramming truck into concrete pillar</b> DUE TO (c) <b>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Victim apparently went to sleep and ran off road hitting concret pillar in the media of the highway</b>	
20c. TIME OF INJURY Hour <b>4:00</b> a.m. Month <b>11</b> Day <b>21</b> Year <b>63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Interstate # 70 held view</b>	20f. CITY, TOWN, OR LOCATION <b>Wentzville, St. Charles, Mo.</b>
21. I attended the deceased from <b>4:00 a.</b> to <b>11/21/63</b> and last saw her alive on <b>11/21/63</b> Death occurred at <b>4:00 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>12 Cunningham Ct., St. Charles, Mo.</b>	
22a. SIGNATURE <i>James R. Gorsuch</i> (Degree or title) <b>Coroner</b>		22c. DATE SIGNED <b>11/21/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove 1</b>	23b. DATE <b>II-25-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) <b>Jefferson Barracks Missouri</b>
24. FUNERAL DIRECTOR <b>Jay B. Smith Maplewood Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 4/1963</b>	
26. REGISTRAR'S SIGNATURE <i>Matthew P. [Signature]</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 12 1988

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.